

STANDARD BUDGET FORM

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

Organization Name:

Project Name:

Revenues	\$ Amount	% of Total Project Cost
Total CHRC Grant Award	\$	
Patient/Program Revenues/Income		
Organization Match		
Other Grant/Funding Support		
Total Project Cost		

Budget Request for CHRC Grant Funding	Year 1	Year 2	Year 3	Line Item Total
Personnel Salary				
% FTE - Name, Title				
% FTE - Name, Title				
% FTE - Name, Title				
Personnel Subtotal				
Personnel Fringe (% - Rate)				
Equipment/Furniture				
Supplies				
Travel/Mileage/Parking				
Staff Trainings/Development				
Contractual				
Other Expenses				
Indirect Costs (no more than 10% of direct costs)				
Total (YEARLY) Budget				